۵)	Date D/MM/YYYY)	OPD No. (New)	OPD No. (Revisit)	Referred From 1=CU, 2=From other facility, 3= Within 4=N/A		Full Names (THREE na	mes)	Age	Sex	County/Sub- county	Village / Estate / Landmark	Parent/ Caregiver's Telephone No.	Weight (kg)	Heigh /Lengt (cm)
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Weight (kg)	Height /Length (cm)	MUAC 1.Green 2.Yelio W 3.Red	1	Respir atory Rate	Doodin	Pulse Rate		Duration of Current	t 2. RDT Tested (-ve)	IMNCI Classification or Diagnosis	TRACER DRUGS PRESCRIBED 1.ORS & Zinc (Copack) 2.Zinc Only 3.ORS Only 4. Amoxicillin DT 5.Vitamin A 6.Oxygen 7. Albendazole 8.IV Fluids		Immuniz ation Status Up to Date (Y/N)	TB Screening 1. presumed TB 2. Referred	couselling	Referred to (1==CU,2= to other H/F, 3= within the facility/ 4=N/A)	REMARKS/ Outcome
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of New patients:	Female:	Male:		Given			Number:	L	RS & Zinc	1 9 40	THE SERVICE OF THE SE	Number:		Given	Number
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No. of New patients:	ī
No. of Re-attendants	Ī

Given	THE STATE OF THE S	lumber:
CPAP		
IV Fluids (Ringer	s Lactate)	
423 42 56		

Given	Number:
ORS & Zinc (Co-pack)	
ORS Only	b _25+ 20+
Zinc only	
Amoxycillin(DT) for Pneumonia	V.,
Vitamin A	

Given	Number:
Oxygen	
Albendazole	
Checked For	Number:
Danger Signs	
Oxygen Saturation	on Reading (SPO2)

